

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/517722

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		1
3				1		1
4				1		1
5				1		1
6			1			
7				1	1	
8				1		1
9				1		1
10				1		1
11			1			1
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13						1
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50						
TOTAL IND.			3		1	
TOTAL DEP.				8	13	
TOTAL CLAIMS			3	8	14	